

Volunteer Application



Date: _____

COASTAL DISCOVERY MUSEUM
Experience The Lowcountry Up Close

Name: _____ Birthday (month/day): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Emergency Contact (name & phone): _____

Are you a Coastal Discovery Museum Member? Yes Not Yet

Yes! I am committed to volunteering a minimum of 20 hours per year.

Signature

Date

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Volunteer Opportunities (check all that apply):

- ___ Front Desk / Museum Store
- ___ Marsh Tacky Horse Care
- ___ Gardens / Grounds
- ___ Office / Mailings
- ___ Special Events or Festivals

- Docent:
- ___ Public Programs
 - ___ School Programs
 - ___ History
 - ___ Nature

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Work Interest

Describe briefly the different types of work in which you are most interested, experienced, or qualified.

List any additional areas of expertise you are interested in offering to the Museum: _____

Previous Experience

List any abilities and skills you possess and/or job and volunteer experiences that are pertinent to the position for which you are applying: _____

General Comments

Please include additional comments: _____

